U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1, File Number U - 8086	2. Fiscal Year Covered From:		
·	1 / 1 / 2005 Through: 12 / 31 / 2005		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name RUSSEL S SIMONCELLI	Name CEMENT MASONS UNION LOCAL NO 502		
	Labor Organization File Number 012-533		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 739 S 25TH AVENUE	Street 739 S 25TH AVENUE		
City BELLWOOD	City BELLWOOD		
State Illinois ZIP Code + 4 60104-1994	State Illinois ZIP Code + 4 60104 - 1994		
5. Position in labor organization. SECRETARY TREASURER			
Enter appropriate data below if, during the past fiscal year, you or your spo	use or minor child directly or indirectly had any of the following interests		

(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).		7.a. Nature of Interest, Transaction, or Income.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
		7.b. Amount.	
Street			
City			
State	ZIP Code + 4		

Signature

15. Signature and vortrication, the undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)
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and Adminelle on 5/11/06
Date

708-544-9100 X14-Telephone Number

Name of Person Filing RUSSEL SIMONCELLI	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name LEGACY PROFESSIONALS LLP Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 30 N LA SALLE	9. Business deals with: X a. Labor Organization X b. Trust c. Employer		
City CHICAGO			
State Illinois ZIP Code + 4 60602-2595			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name CEMENT MASONS UNION LOCAL NO 502 Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 739 S 25TH AVENUE City BELLWOOD	11.a. Nature of such deal UNION AUDITOR 11.b. Approximate dollar val 12.a. Nature of interest he	ue of such dealing. \$24,500	
State Illinois ZIP Code + 4 60104-1994	ROUND OF GOLF		
	12.b. Amount.	\$151	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	14.a. Nature of payment.		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any		į	
Street			
City			

14.b. Amount of payment.

13.b. Is the Business an Employer

State

ZIP Code + 4

or Consultant

?

Name of Person Filing RUSSEL SIMONCELLI File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
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Street 739 S 25TH AVENUE City BELLWOOD State Illinois ZIP Code + 4 60104-1994	11.b. Approximate dollar value of such dealing. \$24,500 12.a. Nature of interest held or income received. ROUND OF GOLF		
	12.b. Amount. \$135		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.		
13 h le the Rusiness on Employer and Consultant 2	14.b. Amount of payment.		

Name of Person Filing	RUSSEL SIMONCELLI	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business valy seeking to represent, or lirecity to, or otherwise		
8. Name and address of Business (including trade name, if any). Name LEGACY PROFESSIONALS LLP Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 30 N LA SALLE City CHICAGO State Illinois ZIP Code + 4 60602 - 2595	9. Business deals with: X a. Labor Organization X b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name CEMENT MASONS UNION LOCAL NO 502 Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. UNION AUDITOR		
Street 739 S 25TH AVENUE City BELLWOOD State Illinois ZIP Code + 4 60104-1994	11.b. Approximate dollar value of such dealing. \$24,500 12.a. Nature of interest held or income received. ROUND OF GOLF		
	12.b. Amount. \$141		

 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 		14.a. Nature of payment.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State	ZIP Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.

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Name of Person Filing RUSSEL SIMONCELLI	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the busines vely seeking to represent, or directly to, or otherwise	ss	
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name LEGACY PROFESSIONALS LLP	×		
Trade Name, if any:	a. Labor Organization b. Trust		
P.O. Box, Bldg., Room No., if any	x b. Trust c. Employer		
Street 30 N LA SALLE			
City CHICAGO	:		
State Illinois ZIP Code + 4 60602-2595			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ling.	
Name CEMENT MASONS UNION LOCAL NO 502	UNION AUDITOR		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street 739 S 25TH AVENUE	11.b. Approximate dollar val	ue of such dealing. \$24,500	
City BELLWOOD	12.a. Nature of interest he		
State Illinois ZIP Code + 4 6(104-1994	FLOWERS FOR WIFE		
	12.b. Amount.	\$38	
C. Received from any employer (other than an employer covered und	er parts A and B above)		
or from any labor relations consultant to an employer any payment of money	T		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name	:		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			

14.b. Amount of payment.

?

or Consultant

13.b. Is the Business an Employer